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teach that only some multiple of 4 will allow a correct quantity of the solution to be given, as to give a part of 1 minim is impossible.

Take this problem: the doctor orders atroph. sulph., gr. 1/300, and you have on hand atroph. sulph. gr. 1/150. During the last examination it was not the exception, by any means, to have the nurse answer "Use two tablets."

You will find too many nurses pinch their tablets, too many guess at the strengths of solutions; "cherry-red," for permanganate, to one nurse might look like "American Beauty" red to another.

Sixth, teach accuracy in weight and measurement; teach how to hold the measuring glass, how to distinguish between the French and American markings; teach that a few drops, more or less make measurements inaccurate and incorrect; teach, that in absolute silence, with nothing else to be considered at the time, must the nurse follow out the rule of three, in measuring.

All of these suggestions have to do with the nurse's making solutions; it is a part of the surgical technique. There will be times during her training when she will need this accurate knowledge. Always have her use pencil and paper, throughout this drill. Many, no doubt, could solve mentally but until after this drill the nurse must learn to reason on paper, not to jump at conclusions as the mental process allows.

This review will make it possible for the nurse to solve any problem that might arise. You can use many other rules and gain correct answers by other methods and that is quite permissible to you, as teachers, but uniformity in making solutions will do away with errors and will prevent confusion among the nurses in emergencies.

This may sound almost too elementary to present to superintendents because all are teaching just these principles, but my presumption in using this subject has been prompted by the unmistakable evidence of lack of understanding of making solutions among nurses.

INSPECTION OF NURSE SCHOOLS IN NEW YORK STATE

By AMY M. HILLIARD, R.N.

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The work that my predecessor accomplished as Inspector of Nurse Training Schools is so well known and so keenly appreciated that it needs no comment. Nobody can feel more than I do how difficult it is to succeed her. As the appointment of her successor was not made until late in January, it was impossible for me to take up the work until two weeks after Miss Goodrich had gone to Teachers College.

During the last year three schools have been added to the list of New York State registered nurse training schools and two have been rescinded, making a total of 129 New York State nurse schools registered under the Regents.

Since February 16, 1914, all inspections have been made, the large majority of which were re-inspections.

It is interesting to note that all recent requests for inspection of hospitals with a view to registration of their training schools have come primarily from the nurses themselves, either individually or through their alumnae associations to the hospitals.

Almost all avenues, except private duty nursing, are closed to the unregistered nurse and graduates of unregistered schools finding themselves ineligible for Red Cross, Army and Navy, visiting, public health or school nursing, make protest to the hospitals where they have given from two to three years' service and request that the necessary steps be taken for registration.

The statistics for this past year do not bear evidence that there is any shortage of applicants in those schools which are affiliated with hospitals that either contain the necessary clinical material for thorough teaching purposes, or are willing to affiliate with other hospitals to obtain it, and in addition, maintain an adequate teaching staff, ample recitation, lecture and demonstration rooms and surround their pupils with attractive living conditions. Where there is a shortage of candidates for entrance to a nurse training school, the reason usually is not far to seek. Is it reasonable to suppose that thoughtful women will enter your training school when they can receive more thorough instruction amid better living conditions in another training school in your vicinity?

During the past year some of the nurse schools have sent their announcements for distribution among high school students. This has had two results: first, of impressing upon students the necessity of very thorough preliminary educational preparation before entrance to nurse training schools in view of the important posts nurses are expected to fill upon graduation; and, second, students have become cognizant of the fact that some nursing schools have merits over those of their neighbors. They are today comparing one school with another and are making pertinent and careful inquiries before taking up nursing education. This naturally acts to the disadvantage of the schools which have failed to provide adequate teaching facilities.

Lack of proper lecture, recitation and demonstration rooms entails unnecessary labor for the instructors. It is also the cause of much interruption and is frequently the reason why nursing demonstrations

and recitations are postponed. Pupil nurses after giving months of service to a hospital, rather than resign and begin all over again, may be willing to give more time to complete the course, but if they are intelligent women and desirable candidates they will scarcely advise their friends to enter a training school which is so obviously unprepared to teach. One of the greatest needs of the average training school today is a demonstration room. One of the most discouraging situations which has met my attention since taking up this work, is a new home for nurses which has been built without any teaching room whatever. It seems beyond belief. There are few hospitals which cannot provide demonstration rooms and no hospital should be allowed to conduct a training school for nurses without one. The time saved in hunting up the necessary supplies from one ward to another by the usually overworked supervisor would seem argument enough. Happy, contented pupils are a valuable asset to any training school; and postponed classes, lectures and demonstrations are not conducive to contentment in thoughtful students.

During the year from August 1, 1913 to July 31, 1914, 1311 diplomas have been issued to graduates of registered nurse training schools in New York State. This is an increase of 151 over the preceding year.

2135 written statements have been received by the Education Department.

1 school submitted	72 statements
4 schools submitted over	60 statements
7 schools submitted over	50 statements
11 schools submitted over	40 statements
21 schools submitted over	30 statements
33 schools submitted over	20 statements
52 schools submitted over	15 statements
77 schools submitted over	10 statements

Mount Sinai Hospital Training School, New York City, submitted the largest number of statements, which gave evidence of educational eligibility. St. Luke's Hospital, New York City, submitted the largest number of credentials showing high school graduation.

There are in training	1781 first year pupils
	1607 second year pupils
	1085 third year pupils

Total 4473

This is an increase over last year of	225 first year pupils
	138 second year pupils
	119 third year pupils

Total 482

These figures show that the supply of candidates is increasing. They also show that the large proportion of registered nurse training schools in New York State maintain a three year course.

One of the state hospitals is affiliating with a general hospital for one year's work for its pupils who hold cards of approval, and it would be to the advantage of all registered state hospitals to do the same. The most desirable plan is for the affiliation to be arranged with a view to having pupils take the general hospital work at the end of their junior year and return again to the home school for senior work. This would make the problem simpler for the hospital receiving the affiliation to give proper instruction as the pupils could then take up junior work, be promoted according to ability and the state hospital would reap some of the advantages of the affiliation in that it would have more efficient senior nurses.

The school which is complaining of a shortage of probationers had best look over its neighbor for there is strong suspicion that the neighbor may be making things so attractive for pupils that the students are entering there.

The answer to the cry for more pupils is improve your conditions, and more especially your teaching facilities. Women do not enter nursing primarily for comfort, but for knowledge, but if discomfort is so great that it interferes with the pursuit of knowledge, it will interfere also with the size of your preliminary class.

THE ADMINISTRATION OF MEDICINES

By A. S. BLUMGARTEN, M.D.

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THE ADMINISTRATION OF DOUCHES

Solutions used as douches are given to produce the following effects first, to act as an antiseptic on the vaginal secretions and to remove them; second, to contract the mucus membrane of the vagina and the cervix (astringent action); third, to check bleeding from the cervix or uterus; fourth, to lessen the pain produced by the contractions of the uterus and cervix. To produce any of these effects it is essential to have the solution come in contact with every part of the vagina and cervix, especially with the vaginal fornices where the secretions are most apt to accumulate. For this reason, the position of the patient